



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: SETON SPECIALTY HOSPITAL - INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Medicare Provider Number: 152020

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$116019325	Contractual Allowance	\$70426364
Outpatient Patient Service Revenue	\$0	Other Deductions	\$0
Total Gross Patient Service Revenue	\$116019325	Total Deductions	\$70426364

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$45592961
Other Operating Revenue	\$138019
Total Operating Revenue	\$45730980

4. Operating Expenses

Salaries and Wages	\$18980504	Employee Benefits	\$4897359
Depreciation and Amortization	\$1068938	Interest Expense	\$14906
Bad Debt	\$181474	Other Expenses	\$13493173
Total Operating Expenses	\$38636354		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7094626	Total Assets	\$87333663
Net Non-operating Gains over Loss	\$4424772	Total Liabilities	\$5286428
Total Net Gains	\$11519398		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$90039503	\$62354783	\$27684720
Medicaid	\$3526714	\$3131900	\$394814
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$22453108	\$4939684	\$17513424
Total	\$116019325	\$70426367	\$45592958

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$976081
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$322091	
HCI Payments	\$0		
Subtotal	\$0	\$322091	\$-322091
Medicaid Shortfalls	\$0	\$1556344	
Subtotal	\$0	\$1878435	\$-1878435
DSH Payments	\$0		
Subtotal	\$0	\$1878435	\$-1878435
Medicare Shortfalls	\$0	\$1198561	
Other Government Programs	\$0	\$0	
Total	\$0	\$3076996	\$-3076996

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$19998	\$-19998
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0